

Maine Department of Agriculture Division of Quality Assurance and Regulations 28 State House Station Augusta, Maine 04333-0028



Phone: 207-287-3841 Fax: 207-287-5576

DEALER /REPAIRPERSON /WEIGHMASTER LICENSE APPLICATION

Check the TYP	E of Request:	New Licens	e	Lice	nse Ren	ewal				
Section 1. App	licant Informat	tion								
Name:					(Current	Press #			
Street Address:										
City:			State:			Zip:				
Telephone:			Fax:	:						
Cell/ Pager:			Email:	il:						
Section 2: Emp	loyer Informat	tion								
Employer Name:	Employer Name:									
Site Manager:	Site Manager:									
Mailing Address:			City	y:						
State:	Zip	p:		one:						
Fax:			Em	nail:						
Section 3: Lice	ense Informatio	on								
Check License Type: Repair applicants must show proof of suitable test equipment for the device type they wish to repair: Public Weighmaster (Affidavit must accompany application) Dealer of metering devices Dealer of weighing devices * Current copies of calibration certifications for "standards" must accompany application. Section 4: Repair of Weighing Devices (complete this section ONLY if you wish to be licensed to repair weighing devices) • Weighing Devices – To be authorized to repair weighing devices you must show proof of sufficient certified test weights annually. Minimum test weight requirements appear in Handbook 44 Scales Code Table 4. Authorized to Repair Scales with capacity of: 0 to 300 lbs. Minimum test weights = 100% of device capacity 301 to 3,000 lbs. Minimum test weights = greater of 25% of device capacity or 300 lbs. 3,001 to 40,000 lbs. Minimum test weights = greater of 12.5% of device capacity or 1,000 lbs. Minimum test weights = greater of 12.5% of device capacity or 10,000 lbs. Minimum test weights = greater of 12.5% of device capacity or 10,000 lbs.										
(complete this	section ONLY	if you wish to be						•		
 Metering Devices – Authorization requires proof of suitable test equipment annually. Suitable equipment means certified test measures or calibrated volume provers large enough to accept full flow from the meter for a minimum of one minute. Retail Fuel Meters Vehicle Tank Meters 										
LPG Meters										
Bulk Plant Meters										
Oil Rad	ck Meters									
High-S	High-Speed Retail Fuel Meters (Diesel or AV)									

Section 6: Dealer of Weighing or Metering Devices (complete this section ONLY if you wish to be licensed as a Dealer)

If applying to be a "Dealer" of metering or weighing devices, please list the names and license numbers of all repair people employed by the company:

Section 7: Public Weighmaster Certification (complete this section ONLY if you wish to be licensed as a Public Weighmaster)

The undersigned two persons do hereby certify that they keep to weigh accurately and to make correct weight certificates		applicant to be of good moral character, and has the ability ents from references:			
		Address:			
1st Reference (Print):	City /State /Zip:				
1st Reference (Signature):	Telephone:				
		Address:			
2nd Reference (Print):		City /State /Zip:			
2nd Reference (Signature):		Telephone:			
		I do swear that I will faithfully discharge, to the best of my abilities, the duties incumbent on me as a public Weighmaster according to M.R.S.A., Title 10, Chapter 501. So help me God.			
Emboss with Weighmaster Seal Here					
		(Signature of Applicant)			
		MAINE, COUNTY OF			
On the day of	A.D.				
Applicant Name	personally appeared before me and took the oaths prescribed by the laws of this state, to qualify him/her to discharge and execute the duties of the office of public weighmaster within and for the State of Maine.				
Signature: Justice of the Peace OR Notary Public					
Commission Expiration Date		_			

Se	ection 8: Fee	s						
Cr	neck licensing fe	ee term:						
	\$25 for one y	year per license t	ype(s) selected i	in Section	3			
St	ate law requires	s that;						
Every dealer or repairman, within 10 days after the making of a repair, adjustment or the sale and delivery of a new, repaired, rebuilt, exchanged or used weighing or measuring device, shall notify, in writing, the state sealer.								
ev rel	ery person, firm	i, copartnership, d	corporation or as	sociation	651, shall submit to the state for whom weighing or meas ged or used weighing or me	suring devices are	adjusted, repaired,	
					Total of ALL L	License Fees:		
Li	cense fees mu	st accompany a	pplication. Che	cks must	be made payable to: <u>TRI</u>	EASURER, STA	ATE OF MAINE	
ŀ	f you would like	to pay by credit of	card (Visa or Ma	sterCard (Only!), please complete the	following:		
	Name on Car	rd:						
	Credit Card	#:						
Expiration Date:			Card Type (Please Check One!): ←Visa ←MasterCard					
	Billing Addres	SS:						
se	ervant in the		of his or her c		he undersigned, with t luties, may expose the			
Pı	rint Name:		;	Signature	::	Date:		
				OFFICE	USE ONLY			
Date	e Received:			C	Comments:			
Date	e Reviewed:							
Rev	iewed By:							
App	lication:	Approved	Returned					
Date	e Returned:							
Ехрі	iration Date:							
Metl	nod of Payment:							
	Check #							
	Cash Receipt #							